

1365

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 5
Registrar's No. 5

1. Place of Death: (a) County Gila (b) City or Town Hayden (c) Location 8 yrs 9 mo. 10 days (d) Length of Stay: In Hospital or Institution 35 yrs (e) In Community (Specify whether years, months or days) 35 yrs (f) In Arizona (g) Usual Residence of Deceased: (a) State Arizona (b) County Gila (c) City or Town Hayden (d) Street No. No (e) Citizen of foreign country (Yes or No) No (f) Social Security No. 440-03-9967

3. (a) FULL NAME Ned Tenney

(b) If Veteran name war No

4. Sex Male 5. Race White 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband Nora Crockell Tenney 6. (c) Age of husband or wife, if alive 38 yrs. Jan 30, 1902

7. Birthdate of deceased (Month) (Day) (Year) Jan 30, 1902
8. AGE: Years Months Days If less than one day 42 4 18 hrs. min.

9. Birthplace Mountain Park Okla. (City, town or county) (State or Country)

10. Usual Occupation Crushing repairman
11. Industry or Business Copper Concentrator

12. Name Samuel B. Tenney
13. Birthplace Cedar City Utah (City, town or county) (State or Country)

14. Maiden Name Mary Edna Norfleet
15. Birthplace Fort Scott Kansas (City, town or county) (State or Country)

16. (a) Informant's own signature Ammon N. Tenney
(b) Address 7123 Williams Field, Ariz

17. (a) Burial, Cremation or Removal Buried
(b) Place Winkelman Ariz (c) Date 6/23/1944

18. (a) Embalmer's Signature J. L. Sutton
(b) Funeral Director J. L. Sutton
(c) Address Winkelman Ariz

19. (a) June 26, 1944 (Date received Local Registrar)
(b) N. D. Jack (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 18, 1944
TIME (Hour and minute) About 7:00 ----- P. M.

21. I hereby certify that I attended the deceased from Not at all
that I last saw him alive on _____, 19____ to _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death Unknown

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (a) Means of injury _____
23. Signature Charles H. Sturtis M. D.
Address Hayden Date signed 6/24/44

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically